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พพพ.สัยพัด เกล

January 29, 2007

Janis Sigman, Manager
Certificate of Need Program
Office of Certification and Enforcement
State of Washington Department of Health
310 Israel Road SE
Building 4, Floor 3
Tumwater, WA 98501-5447

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CENTIFICATE OF NEED PROGRAM DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need for a fifteen station dialysis center in East Wenatchee, WA. In conformance with the requirements of WAC, the following information is provided:

A Description of the Extent of Services Proposed:

DaVita Inc. intends to establish a fifteen station dialysis facility that will provide and support hemodialysis, peritoneal dialysis and home hemodialysis. The facility will be located in East Wenatchee, WA.

Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be 1,592,508.00 inclusive of the application fee.

Description of the Service Area:

The service area is Douglas County.

Thank you for your support in this matter.

Sincerely,

Heather Ashbaugh

Regional Operations Director

Pacific Gold Region 6